## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

(FOR USE WITH FORM PTO-875)

APPLICANT

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| L        | 85        | 1          |  |  | L            |             |          |               | Ī                   |   | Т      |           |
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|          | OTAL      |            | J.   | , <sup>*</sup> .                                 | $\vdash$     |             | ١,       | * }           | <u>.</u>            | لــــــــــــــــــــــــــــــــــــــ |        | <b>•</b>  |
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